

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		PATIENT ACCESS NETWORK FOUNDATION		20-1184743
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
900 19TH STREET NW		200	202-384-1471	
City or town, state or country, and ZIP + 4		G Gross receipts \$		
WASHINGTON, DC 20006		35,851,307.		
F Name and address of principal officer: JULIE E REYNES		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
900 19TH STREET NW, SUITE 200, WASHINGTON, D		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)		
J Website: WWW.PANFOUNDATION.ORG		H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2004 M State of legal domicile: DC		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>HELPING UNDERINSURED PATIENTS ACCESS NEEDED TREATMENTS THROUGH CO-PAYMENT ASSISTANCE.</u>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 7
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7
	5 Total number of employees (Part V, line 2a) 5 7
	6 Total number of volunteers (estimate if necessary) 6 0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	54,549,117.	34,511,711.
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,653,011.	1,253,183.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,202,128.	35,764,894.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,825,596.	37,323,252.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	278,462.	438,845.
16a Professional fundraising fees (Part IX, column (A), line 11e)	245,000.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 148,222.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,899,390.	7,117,877.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,248,448.	44,879,974.
19 Revenue less expenses. Subtract line 18 from line 12	16,953,680.	-9,115,080.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 96,307,192. End of Year: 86,533,037.
	21 Total liabilities (Part X, line 26)	4,793,429. 4,688,064.
	22 Net assets or fund balances. Subtract line 21 from line 20	91,513,763. 81,844,973.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer _____ Date _____
 ▶ JULIE E REYNES, PRESIDENT
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ <i>Janice A. Rotica</i>	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶		Phone no. ▶ 704-377-1678
CHERRY, BEKAERT & HOLLAND, L.L.P. 1111 METROPOLITAN AVENUE, SUITE 1000 CHARLOTTE, NC 28204			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION DEDICATED TO HELPING UNDERINSURED PATIENTS ACCESS NEEDED TREATMENTS THROUGH CO-PAYMENT ASSISTANCE. PAN PROVIDES ASSISTANCE TO INSURED PATIENTS WITH INCOME LEVELS BELOW 400% OF THE FEDERAL POVERTY LEVEL, WHO LIVE IN A US STATE OR TERRITORY, AND NEED ASSISTANCE FOR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No X

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No X

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 13,238,797. including grants of \$ 13,238,747.) (Revenue \$) APPROVED 3,878 RHEUMATOID ARTHRITIS PATIENTS AND PROVIDED FINANCIAL ASSISTANCE TO HELP PAY FOR MEDICATIONS.

4b (Code:) (Expenses \$ 4,545,036. including grants of \$ 4,545,036.) (Revenue \$) APPROVED 1,693 NON-SMALL CELL LUNG CANCER PATIENTS AND PROVIDED FINANCIAL ASSISTANCE TO HELP PAY FOR MEDICATIONS.

4c (Code:) (Expenses \$ 3,460,749. including grants of \$ 3,460,749.) (Revenue \$) APPROVED 964 MULTIPLE MYELOMA PATIENTS AND PROVIDED FINANCIAL ASSISTANCE TO HELP PAY FOR MEDICATIONS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 21,982,466. including grants of \$ 16,078,720.) (Revenue \$)

4e Total program service expenses \$ 43,227,048.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
34			X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
35			X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 1635		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **DC, AL, AK, AR, CA, CO, CT, FL, IL, KS, KY, ME**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JULIE REYNES - 202-384-1471**
900 19TH STREET NW, WASHINGTON, DC 20006

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GAIL JAVITT, JD, MPH DIRECTOR	5.00	X					6,000.	0.	0.	
ROBERT E. SMITH, MD DIRECTOR	5.00	X					6,000.	0.	0.	
MICHAEL C GERALD, PHD DIRECTOR	5.00	X					9,000.	0.	0.	
KIM SCHWARTZ DIRECTOR	5.00	X					3,000.	0.	0.	
ALLAN GOLDSTEIN, MD DIRECTOR	5.00	X					9,000.	0.	0.	
ANITA PLOTINSKY, PHD DIRECTOR	5.00	X					9,000.	0.	0.	
LYN BOOCOCK-TAYLOR DIRECTOR/PRESIDENT	10.00			X			9,000.	0.	0.	
STEPHEN F. LOEBS, PHD DIRECTOR/TREASURER	5.00			X			9,000.	0.	0.	
JULIE E. REYNES PRESIDENT	40.00			X			179,150.	0.	11,999.	

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 34511711.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	34511711.				
	Program Service Revenue	Business Code				
2 a						
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,258,146.		1258146.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	81,450.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	86,413.			
		c Gain or (loss)	-4,963.			
	d Net gain or (loss)		-4,963.		-4,963.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		35764894.	0.	0.	1253183.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	37,323,252.	37,323,252.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	257,389.		257,389.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	156,626.		66,982.	89,644.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	11,409.		6,390.	5,019.
10 Payroll taxes	13,421.		5,833.	7,588.
11 Fees for services (non-employees):				
a Management	285,300.		285,300.	
b Legal	113,338.		113,338.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	81,467.		81,467.	
g Other	360,297.		360,297.	
12 Advertising and promotion	455.			455.
13 Office expenses	19,582.		19,582.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	22,177.		22,177.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,074.		14,074.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	10,992.		10,992.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FEEES FOR PROGRAM OPERAT	5,796,699.	5,796,699.		
b MGMT & EXEC EXPENSE	230,525.		230,525.	
c PHARMACY CARDS	81,448.	81,448.		
d FUNDRAISING - PERSONNEL	45,516.			45,516.
e OUTREACH	25,649.	25,649.		
f All other expenses	30,358.		30,358.	
25 Total functional expenses. Add lines 1 through 24f	44,879,974.	43,227,048.	1,504,704.	148,222.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	92,034,673.	2	11,549,959.	
	3 Pledges and grants receivable, net	4,150,245.	3	5,600,000.	
	4 Accounts receivable, net	112,573.	4	1,538.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6
	7 Notes and loans receivable, net				7
	8 Inventories for sale or use				8
	9 Prepaid expenses and deferred charges			15,712.	9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,403.			
	b Less: accumulated depreciation	10b 6,418.	9,701.	10c	8,985.
	11 Investments - publicly traded securities				11
	12 Investments - other securities. See Part IV, line 11			69,356,843.	12
	13 Investments - program-related. See Part IV, line 11				13
	14 Intangible assets				14
	15 Other assets. See Part IV, line 11				15
16 Total assets. Add lines 1 through 15 (must equal line 34)		96,307,192.	16	86,533,037.	
Liabilities	17 Accounts payable and accrued expenses	4,793,429.	17	4,688,064.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22
	23 Secured mortgages and notes payable to unrelated third parties				23
	24 Unsecured notes and loans payable to unrelated third parties				24
	25 Other liabilities. Complete Part X of Schedule D				25
	26 Total liabilities. Add lines 17 through 25		4,793,429.	26	4,688,064.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,878,775.	27	2,206,775.	
	28 Temporarily restricted net assets	87,634,988.	28	79,638,198.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances		91,513,763.	33	81,844,973.
34 Total liabilities and net assets/fund balances		96,307,192.	34	86,533,037.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25054450.	53185277.	48197417.	54511561.	34511711.	215460416
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	25054450.	53185277.	48197417.	54511561.	34511711.	215460416
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						175236215
6 Public support. Subtract line 5 from line 4.						40224201.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	25054450.	53185277.	48197417.	54511561.	34511711.	215460416
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	377,771.	1560465.	3112680.	2653011.	1258146.	8962073.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			2,852.			2,852.
11 Total support. Add lines 7 through 10						224425341
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	18.00	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	18.00	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, SECTION B, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

PATIENT ACCESS NETWORK FOUNDATION CONTINUES TO QUALIFY AS A PUBLIC CHARITY UNDER THE FACTS AND CIRCUMSTANCES TEST. THE PUBLIC SUPPORT RECEIVED BY THE ORGANIZATION EQUALS AT LEAST 10% OF THE TOTAL SUPPORT RECEIVED BY THE ORGANIZATION. THE ORGANIZATION IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT ON A CONTINUOUS BASIS AND IS MAINTAINING A PROGRAM TO SOLICIT FUNDS FROM THE GENERAL PUBLIC.

IN ADDITION, THE 10% TEST IS SATISFIED BY SUPPORT FROM A NUMBER OF UNRELATED DONORS (AS OPPOSED TO SUPPORT FROM MEMBERS OF A SINGLE FAMILY), THE ORGANIZATION'S GOVERNING BODY REPRESENTS THE BROAD INTERESTS OF THE PUBLIC RATHER THAN THE PERSONAL OR PRIVATE INTERESTS OF A LIMITED NUMBER OF DONORS, THE ORGANIZATION PROVIDES SERVICES DIRECTLY FOR THE BENEFIT OF THE GENERAL PUBLIC ON A CONTINUOUS BASIS AND THE ORGANIZATION MAINTAINS A DEFINITIVE PROGRAM FOR ACCOMPLISHING ITS CHARITABLE WORK IN THE COMMUNITY.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

PATIENT ACCESS NETWORK FOUNDATION

20-1184743

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization PATIENT ACCESS NETWORK FOUNDATION	Employer identification number 20-1184743
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>7,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>22,513,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>1,877,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>2,400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PATIENT ACCESS NETWORK FOUNDATION	Employer identification number 20-1184743
---	--

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>80,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<hr/> <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2 and sub-questions (i) and (ii).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		15,403.	6,418.	8,985.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,985.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	35,764,894.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	44,879,974.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-9,115,080.
4	Net unrealized gains (losses) on investments	4	-553,710.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-553,710.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-9,668,790.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	35,129,717.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-553,710.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	-553,710.
3	Subtract line 2e from line 1	3	35,683,427.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	81,467.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	81,467.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	35,764,894.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	44,798,507.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	44,798,507.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	81,467.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	81,467.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	44,879,974.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: .THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX

UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). DURING THE YEAR ENDED DECEMBER 31, 2009, THE FOUNDATION ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS BY PRESCRIBING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR

Part XIV Supplemental Information (continued)

EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO THE FOUNDATION, INCLUDING ANY RELATED INTEREST OR PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO A TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF DECEMBER 31, 2009 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **PATIENT ACCESS NETWORK FOUNDATION** Employer identification number **20-1184743**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOCK AND GRATWICK PA 275 UNION ST BANGOR, ME 04401	01-0347787		24,173.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MAIN CENTER FOR CANCER AND BLOOD DISORDERS - 100 CAMPUS DRVIE UNIT 108 - SCARBOROUGH, ME 04074	01-0357684		13,203.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MCKESSON SPECIALTY LLC PO BOX 730584 DALLAS, TX 75373	01-0555467		15,241.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUM ASSOC OF BALTIMORE 1220 B EAST JOPPA RD #310 TOWSON, MD 21286	01-0606079		15,313.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WACCAMAW ONCOLOGY 2405 N FRASER ST GEORGETOWN, SC 29440	01-0638011		23,823.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ROBERT LEVIN MD 646 VIRGINIA ST 4TH FLR DUNEDIN, FL 34698	01-0694322		7,830.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

2 Enter total number of section 501(c)(3) and government organizations **0.**

3 Enter total number of other organizations **613.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COPAY ASSISTANCE	641	4,041,217.	0.	N/A	N/A

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THROUGH AN APPLICATION PROCESS WHICH INCLUDES AN INCOME CHECK AGAINST THE CRITERIA SET BY THE BOARD (USUALLY THROUGH THE PATIENT'S IRS 1040 FORM OR SOCIAL SECURITY STATEMENT), A DOCTOR'S ATTESTATION TO VALIDATE THE PATIENT MEDICAL NEED AND AN INSURANCE BENEFITS VERIFICATION, PAN ENSURES THAT ALL PATIENTS WHO REQUEST OUR SERVICES MEET THE CRITERIA FOR A DISEASE FUND BEFORE ANY FUNDS ARE DISBURSED. THE PATIENT'S GRANT WILL PROVIDE ASSISTANCE FOR THEIR RESPONSIBILITY (DEDUCTIBLE, CO-PAYMENT, OR COINSURANCE) FOR COVERED MEDICATION SERVICES AFTER PAYMENT FROM THE PRIMARY INSURANCE OR THE AMOUNT AVAILABLE TO EACH

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
**▶ Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA CANCER INSTITUTE PO BOX 863245 ORLANDO, FL 32886	01-0749843		55,106.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
INFUSION SOLUTIONS OF DE 200 BANNING ST STE 260 DOVER, DE 19904	01-0863383		8,273.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEW HAMPSHIRE ONC HEMA 200 TECHNOLOGY DR HOOKSETT, NH 03106	02-0335060		8,469.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TIMOTHY ROGERS MD PO BOX 3065 OCALA, FL 34478	02-0575879		26,566.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
VIPUL JOSHI 515 MEDICAL OAKS AVE BRANDON, FL 33511	02-0703708		6,096.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
EYE MDS OF QUICY SC 709 BROADWAY QUINCY, IL 62301	02-0778080		9,054.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHWEST VT REGION CANCER CTR 140 HOSPITAL DR # 116 BENNINGTON, VT 05201	03-0179435		5,111.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MOUNTAIN VIEW CANCER ASSOC PO BOX 643388 PITTSBURGH, PA 15264	03-0480551		10,488.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHANKAR GARG, MD 10 WINTHROP ST # 15 WORCESTER, MA 01604	04-2547376		12,907.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AMARILLO KIDNEY SPECIALISTS 8604 S COULTER RD AMARILLO, TX 79121	04-3632606		30,873.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AGILENCE ARTHRITIS & OSTEOPOROSIS MED CTR - 12291 WASHINGTON BLVD SUITE #300 - WHITTIER, CA 90606	04-3645294		5,368.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
EAST VALLEY ONCOLOGISTS & HEMATOLOGY - 600 S DOBSON RD BLDG B, #10 - CHANDLER, AZ 85224	04-3719964		7,562.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
EDWARD REARDON 1050 WARWICK AVE WARWICK, RI 02888	05-0383917		6,577.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
J. SCOTT TODER 1524 ATWOOD AVE # 333 JOHNSTON, RI 02919	05-0414921		15,997.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY & ONCOLOGY ASSOC OF RI, INC. - 1220 PONTIAC AVE #101 - CRANSTON, RI 02920	05-0475195		16,119.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ADRIANA POP-MOODY MD PA PO BOX 3806 CORPUS CHRISTI, TX 78463	05-0592086		7,344.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

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YALE NEW HAVEN HOSPITAL PO BOX 1403 NEW HAVEN, CT 06505	06-0646652		9,741.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DANBURY INTERNAL MEDICINE ASSOCIATES, P.C. - 16 HOSPITAL AVE #102 - DANBURY, CT 06810	06-0865648		6,749.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MEDICAL ONCOLOGY HEMATOLOGY 19 LUNAR DR WOODBIDGE, CT 06525	06-0943447		8,537.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RETINA CONSULTANTS P.C. 85 SEYMOUR ST HARTFORD, CT 06106	06-0968937		9,902.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CARE OF N FL PO BOX 1642 LAKE CITY, FL 32056	06-1641228		5,401.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TSUYOSHI INOSHITA MD 916 11 TH ST NEW BOSTON, OH 45662	06-1664385		8,184.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OCALA CANCER INSTITUTE INC 2820 SE 3RD CT # 2 OCALA, FL 34471	06-1720582		6,751.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY CONSULTANTS LLP 1157 BROADWAY HEWLETT, NY 11557	11-3338947		6,842.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

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GENTIVA CARECENTRIX PO BOX 277947 ATLANTA, GA 30384	11-3454103		5,184.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MARYLAND ONCOLOGY AND HEMATOLOGY 11065 LITTLE PATUXENT PKWY COLUMBIA, MD 21044	11-3652573		8,856.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEW YORK ONCOLOGY & HEMATOLOGY PO BOX 18259 NEWARK, NJ 07191	14-1799724		24,768.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PREM TAMBAR MD 151 BUFFALO AVE # 210 NIAGARA FALLS, NY 14303	16-1202778		6,236.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BROOME ONCOLOGY 30 HARRISON ST # 100 JOHNSON CITY, NY 13790	16-1611703		23,277.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RIO BRAVO CANCER & BLOOD PA 1301 AVENUE G DEL RIO, TX 78840	20-0148164		15,316.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MID-SOUTH CANCER CTR 8000 WOLF RIVER BLVD # 100 GERMANTOWN, TN 38138	20-0213014		13,831.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SPRINGFIELD HEMATOLOGY AND ONCOLOGY ASSOCIATES - 148 WEST NORTH ST - SPRINGFIELD, OH 45504	20-0240117		18,892.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHRITIS & RHEUMATOLOGY ASSOC OF PALM BEACH - 1515 N FLAGLER DR #620 - WEST PALM BEACH, FL 33401	20-0468264		25,575.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CTR OF HUNTVILLE 201 GOVERNORS DR # 320 HUNTSVILLE, AL 35801	20-0546686		5,304.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TENNESSEE CANCER SPECIALISTS PO BOX 10988 KNOXVILLE, TN 37939	20-0677400		35,408.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
POTTSVILLE CANCER CLINIC 700 SCHWYLKILL MANOR RD #7 POTTSVILLE, PA 17901	20-0792761		6,962.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HARSHI BAINS MD PA 1519 E FRONT ST TYLER, TX 75702	20-0937057		5,160.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AUSTIN CORBETT 1715 N WEBER ST #208 COLORADO SPRINGS, CO 80907	20-1004454		21,815.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CENTRAL COAST MEDICAL ONCOLOGY 220 S PALISADE DR #204 SANTA MARIA, CA 93454	20-1223204		14,855.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CARBONDALE CLINIC 1008 CANDLETREE DR CARBONDALE, IL 62901	20-1307515		9,981.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER CARE OF SOUTHERN IN 514 WEST SECOND ST BLOOMINGTON, IN 47403	20-1464172		9,807.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTH WEST FLA HEM / ONC P A 301 W 26TH ST LYNN HAVEN, FL 32444	20-1606423		19,113.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHSIDE KIDNEY SPECIALISTS 3400 S CRATER RD STE B PETERSBURG, VA 23805	20-1654597		7,137.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NV CANCER INSTITUTE MEDICAL GRP PO BOX 98809 LAS VEGAS, NV 89193	20-1661577		5,781.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KENNETH E. STARK, MD 1613 BANNING BEACH RD TAVARES, FL 32778	20-1723835		11,468.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
S HASNAT AHMED MD APC 1410 S LA BRUCHERIE AVE EL CENTRO, CA 92243	20-1821662		5,970.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTHEAST GA CANCER CARE 3320 OLD JEFFERSON RD #700 ATHENS, GA 30607	20-1842623		6,315.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SNAKE RIVER ONCOLOGY 2330 DESOTO ST IDAHO FALLS, ID 83404	20-1851353		16,283.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTOR MELGEN, MD 938 SAXON BLVD ORANGE CITY, FL 32763	20-1908250		7,836.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NANCY SCHEINOST, MD 3201 UNIVERSITY DR E STE 205 BRYAN, TX 77802	20-2004695		7,390.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RENAL CENTER OF MIDLAND-ODESSA 1626 COLE BLVD STE100 LAKEWOOD, CO 80401	20-2027468		8,033.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ROSE CANCER CENTER PO BOX 1292 SUMMIT, MS 39648	20-2180521		7,269.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GROUP HEALTH ASSOC PO BOX 633448 CINCINNATI, OH 45263	20-2305158		9,278.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DAYTON PHYSICIANS LLC PO BOX 635098 CINCINNATI, OH 45263	20-3130844		70,199.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
STEVE PERKINS MD SRIDEVI JUVVADI MD NAROTHAM - 5939 HARRY HINES BLVD # 800 - DALLAS, TX 75235	20-3687364		13,191.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SEATTLE ARTHRITIS CLINIC PO BOX 77033 SEATTLE, WA 98177	20-3890258		5,360.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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JEFFREY FEINSTEIN, MD 8527 VILLAGE DR # 104 SAN ANTONIO, TX 78217	20-3931466		7,714.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY AND ONCOLOGY CENTER PLLC - 401 BOYLE ST # 101 - SOMERSET, KY 42503	20-4095847		54,521.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PEDIATRIC PULMONARY SPECIALISTS 7777 FOREST LANE SUITE B 326 DALLAS, TX 75230	20-4211435		12,178.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TARAK PATEL MD 1150 N 1604 W STE 108-426 SAN ANTONIO, TX 78248	20-4274138		14,982.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GABRIEL DOMENECH MD PA 3850 HOLLYWOOD BLVD 1B HOLLYWOOD, FL 33021	20-4327683		5,301.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS CENTER OF IDAHO PA 660 SHOSHONE ST E #210 TWIN FALLS, ID 83301	20-4808949		40,425.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTH TEXAS ARTHRITIS CARE CENTER PO BOX 34 SAN ANTONIO, TX 78291	20-4935811		7,933.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OLATHE CANCER CENTER 20375 W 151ST ST OLATHE, KS 66061	20-5243667		36,281.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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SATELLITE HEALTHCARE 3607 MANOR RD AUSTIN, TX 78723	20-5475344		32,812.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CHARLESTON HEMATOLOGY-ONCOLOGY PO BOX 601781 CHARLOTTE, NC 28260	20-5615148		19,254.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WAVERLY HEMATOLOGY ONCOLOGY PO BOX 601043 CHARLOTTE, NC 28260	20-5815295		6,203.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHERN CANCER CENTER 29653 ANCHOR CROSS BLVD DAPHNE, AL 36526	20-8097639		78,832.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ASSOCIATED RETINAL CONSULTANTS 1700 GALLOPING HILL RD KENILWORTH, NJ 07033	20-8346981		12,786.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AGAJANIAN INSTITUTE OF ONCOLOGY HEMATOLOGY - 11480 BROOKSHIRE AVE #309 - DOWNEY, CA 90241	20-8366709		32,472.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RENAL CENTER OF LEWISVILLE 1626 COLE BLVD, SUITE 100 LAKEWOOD, CO 80401	20-8570807		11,151.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LONG ISLAND REG ARTHRITIS AND OSTEOPOROSIS CARE - 500 W MAIN ST # 110 - BABYLON, NY 11702	20-8964140		5,018.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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ARTHRITIS RHEUMATIC & BACK DISEASE ASSOC - 2309 EVESHAM RD #101 - VOORHEES, NJ 08043	22-2051407		5,168.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WAKE FOREST UNIVERSITY HEALTH SCIENCES - PO BOX 344 - WINSTON SALEM, NC 27102	22-3849199		9,054.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BERKS HEMATOLOGY ONCOLOGY ASSOC PO BOX 16052 READING, PA 19612	23-1886915		21,602.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GASTROENTEROLOGY ASSOCIATES 3131 COLLEGE HEIGHTS BLVD ALLENTOWN, PA 18104	23-1886973		6,337.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
EDWARD DEGLIN MD 780 PERIWINKLE LN WYNNEWOOD, PA 19096	23-2114730		6,835.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GREATER PHILADELPHIA CANCER AND HEMATOLOGY - 3998 RED LION RD # 130 - PHILADELPHIA, PA 19114	23-2142664		14,099.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEPHROLOGY ASSOCIATES OF LANCASTER 2112 HARRISBURG PIKE #312 LANCASTER, PA 17604	23-2179777		10,469.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HARRISBURG GASTROENTEROLOGY 4760 UNION DEPOSIT RD SWATARA, PA 17111	23-2180822		9,077.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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ANDREWS & PATEL ASSOC 3912 TRINDLE RD CAMP HILL, PA 17011	23-2382727		17,358.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MICHAEL D PERILSTEIN MD 13 ARMAND HAMMER BLVD # 210 POTTSTOWN, PA 19464	23-2383658		7,016.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
EAST PENN RHEUMATOLOGY 701 OSTRUM ST # 501 BETHLEHEM, PA 18015	23-2681931		7,063.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ELLEN M FIELD, MD 1665 VALLEY CENTER PKWY #150 BETHLEHEM, PA 18017	23-2939316		7,200.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PHYSICIANS MUSCULAR SKELETAL CENTER LANCASTER - PO BOX 729 - EAST PETERSBURG, PA 17520	23-2960500		5,102.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PENNSYLVANIA ONCOLOGY HEMATOLOGY ASSOCIATES - PO BOX 828078 - PHILADELPHIA, PA 19162	23-2972833		8,582.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DUBOIS REGIONAL MEDICAL CENTER PO BOX 447 DU BOIS, PA 15801	25-1490707		7,061.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HERSHEY MEDICAL CENTER 500 UNIVERSITY DR HU21 HERSHEY, PA 17033	25-1854772		7,023.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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VENANGO ONCOLOGY HEMATOLOGY ASSOC PO BOX 18837 NEWARK, NJ 07191	25-1896639		9,326.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JUDD LAROWE MD 1664 S DIXIE DR # D102 SAINT GEORGE, UT 84770	26-0018312		6,122.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARIZONA DIGESTIVE HEALTH PC DEPT 971 PO BOX 52001 PHOENIX, AZ 85072	26-0446753		6,231.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ST JOSEPHS MERCY CLINIC INC PO BOX 21850 HOT SPRINGS, AR 71903	26-1125131		5,556.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ORTHOPEDIC SPORTS MEDICINE SPE 720 S VAN BUREN ST #101 GREEN BAY, WI 54301	26-1132759		17,161.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SYED N. RAZA, M.D. PO BOX 2219 UNIVERSAL CITY, TX 78148	26-1211885		131,514.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LAKELAND RHEUMATOLOGY PO BOX 458 NILES, MI 49120	26-1397078		6,703.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WALTER F CHASE MD PA RHEUMATOLOGY 1301 W 38TH ST #605 AUSTIN, TX 78705	26-1413516		17,689.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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FIRST HEALTH-UNCHCS LLC PO BOX 24427 WINSTON SALEM, NC 27114	26-2568199		9,698.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ST LOUIS CANCER & BREAST INSTITUTE PO BOX 795152 SAINT LOUIS, MO 63179	26-3290360		15,189.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LONE STAR CANCER ASSOCIATION PO BOX 781905 SAN ANTONIO, TX 78278	26-3747461		6,885.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEART CENTER MEDICAL GROUP OF FT WAYNE - PO BOX 2505 - FORT WAYNE, IN 46801	26-4213839		7,759.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MOHAVE ARTHRITIS 3003 HWY 95 #J-100 BULLHEAD CITY, AZ 86442	30-0344344		19,922.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GOOD SAMARITAN HOSPITAL PO BOX 2537 DAYTON, OH 45401	31-0536981		5,994.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CINCINNATI CHILDREN'S HOSP MED CTR 3333 BURNET AVE CINCINNATI, OH 45229	31-0833936		7,472.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY HEMATOLOGY CARE 5053 WOOSTER RD CINCINNATI, OH 45226	31-1106418		22,995.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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MID OHIO ONCOLOGY/HEMATOLOGY 3100 PLAZA PROPERTIES BLVD COLUMBUS, OH 43222	31-1141868		34,839.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SANFORD WOLFE DO 1 ELIZABETH PL # 230 DAYTON, OH 45408	31-1169778		6,351.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ASSOCIATED SPECIALISTS OF INTERNAL MEDICINE - 40 WEST FOURTH ST STE 1700 - DAYTON, OH 45402	31-1185270		5,600.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ELAINE A BEED, MD INC PO BOX 641185 CINCINNATI, OH 45264	31-1350566		8,889.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OSU INTERNAL MEDICINE 480 MEDICAL CENTER DR COLUMBUS, OH 43210	31-1369596		6,942.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COLUMBUS ARTHRITIS CTR 1211 DUBLIN RD COLUMBUS, OH 43215	31-1425166		6,560.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FAIRFIELD HEALTHCARE PROFESSIONALS P.O.BOX 2563 LANCASTER, OH 43130	31-1425884		8,043.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS CENTER OF LEXINGTON 330 WALLER AVE #100 LEXINGTON, KY 40504	31-1516285		25,661.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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INFUSION SOLUTIONS 200 MALL RD # 3 ASHLAND, KY 41101	31-1517507		7,467.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY PARTNERS NETWORK PO BOX 635844 CINCINNATI, OH 45264	31-1525164		12,782.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARVIND B SHAH MD, INC 401 DIVISION ST # 100 CHARLESTON, WV 25309	31-1547442		18,920.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DAYTON ONCOLOGY HEMATOLOGY 3120 GOVERNORS PLACE BLVD DAYTON, OH 45409	31-1592174		7,996.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
UNIV OF TN MEDICAL CTR PO BOX 440164 NASHVILLE, TN 37244	31-1626179		5,770.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OHIO CANCER SPECIALISTS 1125 ASPIRA CT MANSFIELD, OH 44906	31-1652645		15,838.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PREMIER HEALTHCARE ASSOCIATES 7702 E PARHAM RD # 101 RICHMOND, VA 23294	31-1769212		14,756.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CLINTON MEMORIAL HOSPITAL PO BOX 600 WILMINGTON, OH 45177	31-6005307		7,500.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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CANCER SPECIALISTS OF OK LOCK BOX 20526 OKLAHOMA CITY, OK 73156	32-0044441		8,881.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KOUSAY AL-KOURAINY, MD 480 4TH AVE # 409 CHULA VISTA, CA 91910	33-0108259		11,632.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ST JUDE HERITAGE CANCER CTR DEPT LA 21190 PASADENA, CA 91185	33-0185031		6,422.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SAN DIEGO PACIFIC ONCOLOGY & HEMATOLOGY ASSOC - 9850 GENESEE AVE # 830 - LA JOLLA, CA 92037	33-0373680		13,151.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PACIFIC SHORES MED GROUP 1043 ELM AVE. STE 104 LONG BEACH, CA 90813	33-0553940		33,781.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CTR ONCOLOGY MED 5555 GROSSMONT CTR DR LA MESA, CA 91942	33-0565963		44,796.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PACIFIC CANCER MEDICAL CTR INC 1801 W ROMNEYA DR #203 ANAHEIM, CA 92801	33-0588910		23,654.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MEDICAL ONCOLOGY ASSOC. OF SAN DIEGO - 3075 HEALTH CENTER DR # 102 - SAN DIEGO, CA 92123	33-0590652		11,016.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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HEMATOLOGY ONCOLOGY CONSULTANTS 301 N SAN JACINTO ST HEMET, CA 92543	33-0643850		17,946.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BEAVER MEDICAL GROUP PO BOX 2200 REDLANDS, CA 92373	33-0645967		12,725.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
IVP CARE INC 7164 TECHNOLOGY DR # 100 FRISCO, TX 75034	33-1040078		18,334.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS, AUTOINMUNE & ALLERGY 709 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114	33-1155955		7,307.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DEFIANCE CLINIC PO BOX 218 DEFIANCE, OH 43512	34-0903600		8,397.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KAISER PERMENTE 5420 LANCASTER DR BROOKLYN HEIGHTS, OH 44131	34-0922268		16,098.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TOLEDO CLINIC INC 4235 SECOR RD TOLEDO, OH 43623	34-0936207		7,500.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTH CANTON MEDICAL FNDTN PO BOX 74793 CLEVELAND, OH 44194	34-1088530		15,147.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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Employer identification number

20-1184743

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MAHONING VALLEY HEMATOLOGY ONCOLOGY - LOCKBOX 6536 PO BOX 8500 - PHILADELPHIA, PA 19178	34-1105439		37,575.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTH COAST CANCER CARE 417 QUARRY LAKES DR SANDUSKY, OH 44870	34-1224416		10,655.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAREPOINT PARTNERS 4137 BOARDMAN-CANFIELD RD STE LL04 CANFIELD, OH 44406	34-1516461		6,621.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DRS MUBASHIR, MARQUINEZ & REHMAN, INC - 224 W EXCHANGE ST - AKRON, OH 44302	34-1733317		14,811.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ASHOK V KONDRU MD PO BOX 74368 CLEVELAND, OH 44194	34-1778803		5,143.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ABBAS KHALIL MD 825 MARKET ST #203 LIMA, OH 45805	34-1869889		11,006.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DAVID MANDEL MD 6551 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143	34-1879440		8,786.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY CLINIC OF LIMA PO BOX 5188 LIMA, OH 45802	34-1909954		6,423.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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METRO HEALTH MED CTR 2500 METRO HEALTH DR CLEVELAND, OH 44109	34-6004382		5,762.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CENTRAL IN CANCER CENTER PO BOX 60603 CHARLOTTE, NC 28260	35-1348013		27,223.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FORT WAYNE MEDICAL ONCOLOGY AND HEMATOLOGY - 11143 PARKVIEW PLAZA DR STE 100 - FORT WAYNE, IN 46845	35-1400631		52,448.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY - ONCOLOGY OF IN 8301 HARCOURT RD #200 INDIANAPOLIS, IN 46260	35-1536125		5,504.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MEMORIAL HEALTH SYSTEMS 100 E WAYNE STREET #500 SOUTH BEND, IN 46601	35-1536132		7,922.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEPHROLOGY SPECIALISTS 9201 CALUMET AVE MUNSTER, IN 46321	35-1601196		5,104.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MICHIANA HEMATOLOGY ONCOLOGY PO BOX 448 SOUTH BEND, IN 46624	35-1686054		25,541.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEART CENTER MEDICAL GROUP OF FT WAYNE - PO BOX 2505 - FORT WAYNE, IN 46801	35-1741157		11,471.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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MEDICAL CONSULTANTS PO BOX 2218 MUNCIE, IN 47307	35-1784946		6,673.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ELKHART ONCOLOGY P O BOX 2968 ELKHART, IN 46515	35-1911857		9,681.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PROVIDENCE MEDICAL GROUP 2723 S 7TH ST # G TERRE HAUTE, IN 47802	35-2095108		70,105.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROLINA BLOOD & CANCER CARE 1583 HEALTHCARE DR ROCK HILL, SC 29732	35-2221941		16,969.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RUSH UNIVERSITY MED CNTR PO BOX 73952 CHICAGO, IL 60673	36-2174823		9,379.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JOSHUA STOLOW, MD 8527 VILLAGE DR # 103 SAN ANTONIO, TX 78217	36-3632588		19,366.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JOLIET ONCOLOGY HEMATOLOGY ASSOCIATES LTD - 2614 W JEFFERSON - JOLIET, IL 60435	36-3915732		5,042.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY ASSOC OF IL 1365 PAYSFPHERE CIRCLE CHICAGO, IL 60674	36-4117454		15,397.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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ACT MEDICAL GROUP 2895 PAYSHERE CIR CHICAGO, IL 60674	36-4421176		9,180.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CARE SPECIALIST OF CENTRAL 2880 NORTH MONROE ST DECATUR, IL 62526	37-1160364		10,980.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
EDWARD P ROSE MD 4600 MEMORIAL DR # 480 BELLEVILLE, IL 62226	37-1393701		19,582.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
METROPOLITAN HOSPITAL PO BOX 159 GRAND RAPIDS, MI 49501	38-0593405		5,508.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY ASSOC 1414 W FAIR AVE #332 MARQUETTE, MI 49855	38-1358036		10,065.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ASSOCIATED RETINAL 1150 E SHERMAN BLVD MUSKEGON, MI 49444	38-1946761		6,656.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
UPPER PENINSULA DIGESTIVE DISEASE ASSOC - 1414 W FAIR AVE #250 - MARQUETTE, MI 49855	38-2184215		7,853.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ANN ARBOR HEMATOLOGY ONCOLOGY 5301 HURON RIVER DR # C139 YPSILANTI, MI 48197	38-2229334		9,088.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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BATTLE CREEK HEALTH SYSTEM CANCER CARE CTR - DEPT CH 14177 - PALATINE, IL 60055	38-2776791		5,611.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER & HEMATOLOGY CTR OF WESTERN MICHIGAN - PO BOX 30516 - LANSING, MI 48909	38-2777354		25,891.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MICHIGAN MEDICAL P.C. 4085 BURTON SE STE 200 GRAND RAPIDS, MI 49546	38-2851295		5,951.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MID-MICHIGAN PHYSICIANS 1540 LAKE LANSING RD LANSING, MI 48912	38-3267121		19,041.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PARAGON HLTH KALAMAZOO 1535 GULL RD # 105 KALAMAZOO, MI 49048	38-3309299		29,357.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS CARE OF MICHIANA 100 NAVARRE PL # 5570 SOUTH BEND, IN 46601	38-3650151		41,746.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MARSHFIELD CLINIC 1000 N OAK AVE MARSHFIELD, WI 54449	39-0452970		24,149.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY ALLIANCE PO BOX 404 DEPT 4018 MILWAUKEE, WI 53201	39-1225006		9,171.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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GREEN BAY ONCOLOGY PO BOX 13453 GREEN BAY, WI 54307	39-1314853		15,467.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WEST SUBURBAN CTR FOR ARTHRITIS 601 N BARKER RD # 110 BROOKFIELD, WI 53045	39-1418162		6,506.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AURORA ADVANCED HEALTHCARE PO BOX 404 DEPT 4018 MILWAUKEE, WI 53201	39-1595302		43,210.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FOX VALLEY HEMATOLOGY & ONCOLOGY 900 E GRANT ST APPLETON, WI 54911	39-1682233		17,940.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATIC DISEASE CENTER 7080 N PORT WASHINGTON RD MILWAUKEE, WI 53217	39-1713075		25,435.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MILWAUKEE RHEUMATOLOGY 2901 W KK RIVER PKWY # 301 MILWAUKEE, WI 53215	39-2008962		6,478.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HUBERT HUMPHREY CANCER CENTER 3300 OAKDALE AVE N PLAZA 100 MINNEAPOLIS, MN 55422	41-0729979		28,483.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AFFILIATED COMMUNITY MEDICAL CTR 101 WILLMAR AVE SW WILLMAR, MN 56201	41-0850702		6,842.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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DULUTH CLINIC LTD 400 EAST THIRD STREET DULUTH, MN 55805	41-0883623		15,173.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MINNESOTA GASTROENTEROLOGY PO BOX 86 MINNEAPOLIS, MN 55486	41-1251064		15,104.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS & RHEUMATOLOGY CONSULTANTS - 7250 FRANCE AVE S # 215 - EDINA, MN 55435	41-1774839		16,367.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CENTER CARE CLINIC 1200 6TH AVE N SAINT CLOUD, MN 56303	41-1806657		7,196.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SMDC MEDICAL CENTER PO BOX 1450 NW 6026 MINNEAPOLIS, MN 55485	41-1878730		7,114.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AHMAD QADRI MD 601 E SAM ANTONIO ST # 402W VICTORIA, TX 77901	41-2029727		9,439.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MARK MCCARTHY, MD 4990 E MEDITERRANEN DR STE#D SIERRA VISTA, AZ 85635	41-2110658		18,269.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FLORIDA ONCOLOGY ASSOC PO BOX 85001 ORLANDO, FL 32885	41-2152274		132,401.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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WOLFE EYE CLINIC 309 EAST CHURCH ST MARSHALLTOWN, IA 50158	42-0954581		5,196.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MCFARLAND CLINIC PO BOX 3014 AMES, IA 50010	42-1089512		14,544.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
UNIVERSITY OF IOWA COMMUNITY HOMECARE - 2949 SIERRA CT SW - IOWA CITY, IA 52240	42-1454373		7,000.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
IOWA HEALTH HOME CARE 1206 MULBERRY PO BOX 35486 DES MOINES, IA 50315	42-1477471		19,566.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ST JOHNS MEDICAL CTR PO BOX 18057-B SAINT LOUIS, MO 63150	43-0653493		6,128.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ST LOUIS CANCER CARE PO BOX 60450 SAINT LOUIS, MO 63160	43-1369550		9,555.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GASTROENTEROLOGY ASSOC OF SE MO 1429 N MOUNT AUBURN RD CAPE GIRARDEAU, MO 63701	43-1466891		5,833.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ST JOHNS PHYSICIANS & CLINICS 3231 S NATIONAL AVE SPRINGFIELD, MO 65807	43-1560263		33,070.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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MISSOURI CANCER CARE 1475 KISKER # 180 SAINT CHARLES, MO 63304	43-1581077		19,724.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HOME PARENTERAL SERV 2220 W SUNSET SPRINGFIELD, MO 65807	43-1641927		10,215.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ALLERGY, ASTHMA, IMMUNOLOGY & RHEUMATOLOGY - 1727 W 26TH ST - JOPLIN, MO 64804	43-1659121		27,121.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FREEMAN CANCER INSTITUTE 3415 MCINTOSH CIR JOPLIN, MO 64804	43-1704371		10,874.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BARNES RETINA INSTITUTE PO BOX 60394 ST LOUIS, MO 63160	43-1712437		5,455.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SSM DEPAUL MEDICAL GROUP 1551 WALL ST #310 ST CHARLES, MO 63303	43-1715106		26,839.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KANSAS CITY CANCER CTR 88001 EXPEDIATE WAY CHICAGO, IL 60695	43-1766738		41,777.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GASTROINTESTINAL ASSOCIATES LLP 401 KEENE ST COLUMBIA, MO 65201	43-1851309		7,902.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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ARTHRITIS & RHEUMATOLOGY CLINICS OF KS - 2450 N WOODLAWN ST - WICHITA, KS 67220	43-1899877		26,271.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CLAYTON MEDICAL 6400 CLAYTON RD SUITE 110 SAINT LOUIS, MO 63117	43-1907813		7,626.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ADVANCED CARE SCRIPTS 2400 LAKE ORANGE DR #200 ORLANDO, FL 32837	43-2080503		25,643.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ST. JOHN'S REGIONAL MEDICAL CENTER PO BOX 953254 SAINT LOUIS, MO 63195	44-0545809		5,903.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
VALLEY BONE AND JOINT CLINIC 3035 DEMERS AVE GRAND FORKS, ND 58201	45-0450745		7,174.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AVERA MCKENNAN HOME INFUSION 1020 SOUTH CLIFF AVE SIOUX FALLS, SD 57104	46-0224743		13,466.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BLACK HILLS ORTHOPEDIC & SPINE CENTER - PO BOX 6850 - RAPID CITY, SD 57709	46-0335970		7,495.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BLACK HILLS PEDIATRICS 2905 5TH ST RAPID CITY, SD 57701	46-0373713		5,688.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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Employer identification number

20-1184743

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SANFORD CLINIC PO BOX 5074 SIOUX FALLS, SD 57117	46-0447693		5,946.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WILLIAM P MAIER PC 633 E 11TH AVE EUGENE, OR 97401	46-0485850		5,277.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROLINA HEMATOLOGY ONCOLOGY ASSOC PO BOX 60065 CHARLOTTE, NC 28260	46-0486024		6,933.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS CTR OF NE 3901 PINE LAKE RD STE 120 LINCOLN, NE 68516	47-0527967		16,192.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GASTROENTEROLOGY SPECIALTIES PC 4545 R ST # 100 LINCOLN, NE 68503	47-0717686		37,613.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OCALA ONCOLOGY 433 SW 10TH ST OCALA, FL 34474	47-0872321		7,221.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HUTCHINSON CLINIC PA 2101 N WALDRON HUTCHINSON, KS 67502	48-0734011		7,338.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WICHITA CLINIC, PA PO BOX 2969 WICHITA, KS 67201	48-0993446		6,479.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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MOWERY CLINIC PO BOX 260 SALINA, KS 67402	48-1145374		11,355.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CENTER OF KS PA 818 N EMPORIA # 403 WICHITA, KS 67214	48-1181579		30,632.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COTTON O'NEIL CLINIC 901 GARFIELD ST TOPEKA, KS 66606	48-6341644		6,848.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEPHROLOGY ASSOCIATES 4923 OGLETOWN STANTON RD #200 NEWARK, DE 19713	51-0123099		21,315.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY CONSULTANTS OF DELAWARE - 1305 SAVANNAH RD - LEWES, DE 19958	51-0409459		14,057.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MERCY MEDICAL CENTER PO BOX 64733 BALTIMORE, MD 21264	52-0591658		5,832.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HARLAN ARH 81 BALL PARK RD CHEVROLET, KY 40831	52-0795508		5,092.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY HEMATOLOGY ASSOC INC 8926 WOODYARD RD # 201 CLINTON, MD 20735	52-1106217		15,755.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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CHESAPEAKE ONCOLOGY HEMATOLOGY ASSOC - 3001 S HANOVER ST - BALTIMORE, MD 21225	52-1480363		11,572.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COMPREHENSIVE CANCER & HEMATOLOGY SPECIALISTS - 705 WHITE HORSE RD # D-105 - VOORHEES, NJ 08043	52-1676914		11,052.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PAUL GERTLER MD 4801 DORSEY HALL DR #226 ELLCOTT CITY, MD 21042	52-1784046		10,424.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ELMAN RETINA GROUP, PA 9114 PHILADELPHIA RD STE#310 ROSEDALE, MD 21237	52-1803322		10,486.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CYSTIC FIBROSIS SERVICES PO BOX 759214 BALTIMORE, MD 21275	52-1850490		7,536.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY HEMATOLOGY INFUSION THERAPY INC - 8926 WOODYARD RD # 201 - CLINTON, MD 20735	52-1859173		10,184.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ROBERT SHAW, MD 412 MALCOLM DR #206 WESTMINSTER, MD 21157	52-1914881		24,538.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DAVID H SMITH MD PA 8221 TEAL DR # 301 EASTON, MD 21601	52-1934955		15,151.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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THERACOM PO BOX 640105 CINCINNATI, OH 45264	52-2005869		50,007.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FREDERICK ONCOLOGY 46 B THOMAS JOHNSON DR FREDERICK, MD 21702	52-2074387		34,589.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THE RETINA CARE CENTER 6115 FALLS RD BALTIMORE, MD 21209	52-2117156		10,094.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BIRMINGHAM HEMATOLOGY & ONCOLOGY PO BOX 2445 COLUMBUS, GA 31902	52-2170293		6,614.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THE GEORGE WASH UNIV MFA PO BOX 37056 BALTIMORE, MD 21297	52-2220700		22,027.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PIEDMONT HEMATOLOGY/ONCOLOGY PO BOX 1243 CHARLOTTE, NC 28201	52-2381026		38,973.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEPHROLOGY ASSOC OF TIDEWATER LTD 6160 KEMPSVILLE CIR #302A NORFOLK, VA 23502	54-1086823		11,978.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LYNCHBURG HEMATOLOGY ONCOLOGY CLINIC - 1937 THOMSON DR - LYNCHBURG, VA 24501	54-1111445		8,693.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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INTRAVENE 2215 LANDOVER PL LYNCHBURG, VA 24501	54-1131672		41,156.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY PATIENT ENTERPRISES - 459 LOCUST AVE - CHARLOTTESVILLE, VA 22902	54-1302037		17,851.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TIDEWATER KIDNEY SPECIALIST 1228 PROGRESSIVE DR STE 101 CHESAPEAKE, VA 23320	54-1371648		10,360.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS & RHEUMATIC DISEASES 329 MCLAWS CIR WILLIAMSBURG, VA 23185	54-1374556		14,669.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DANVILLE HEMATOLOGY & ONCOLOGY 125 EXECUTIVE DR #J DANVILLE, VA 24541	54-1397275		45,735.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SHENANDOAH ONCOLOGY ASSOC 1870 AMHERST ST #F WINCHESTER, VA 22601	54-1468609		33,013.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ALBEMARLE ARTHRITIS ASSOCIATES 1410 INCARNATION DR CHARLOTTESVILLE, VA 22901	54-1558069		11,256.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AUGUSTA EYE ASSOCIATES PLC 17 N MEDICAL PARK DR FISHERSVILLE, VA 22939	54-1738160		7,191.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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FAIRFAX NORTHERN VIRGINIA HEMATOLOGY - 8503 ARLINGTON BLVD # 400 - FAIRFAX, VA 22031	54-1795091		14,767.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KY CANCER CLINIC 200 MEDICAL CENTER DR # 3-0 HAZARD, KY 41701	54-1862820		11,140.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER OUTREACH ASSOC 104 ABINGDON PL ABINGDON, VA 24211	54-1888668		14,406.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SB KONDRAGUNTA LLC 700 S SYCAMORE ST #11 PETERSBURG, VA 23803	54-1989200		11,929.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
UNIVERSITY OF VIRGINIA HEALTH SCIENCES CENTER - PO BOX 403059 - ATLANTA, GA 30384	54-6001796		5,173.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HUNTINGTON INTERNAL MEDICINE GROUP 5170 US RT 60 E HUNTINGTON, WV 25705	55-0578595		10,501.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SUSHIL MEHROTRA MD INC 2101 JACOB ST # 302 WHEELING, WV 26003	55-0646908		8,428.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MID-ATLANTIC RETINA CONSULTANTS 3120 COLLINS FERRY RD MORGANTOWN, WV 26505	55-0739273		6,278.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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PRIMARY ONCOLOGY NETWORK 1325 LOCUST AVE #15 FAIRMONT, WV 26554	55-0763359		7,724.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HAROLD LEEPER MD PHD INC 58 16TH ST WHEELING, WV 26003	55-0773333		11,471.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MEDFUSIONRX 5511 HWY 280 SUITE 301-302 BIRMINGHAM, AL 35242	55-0824381		31,088.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KERNODLE CLINIC PO BOX 1717 BURLINGTON, NC 27216	56-0520990		9,435.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PRESBYTERIAN HOSPITAL HUNTERSVILLE PO BOX 71053 CHARLOTTE, NC 28272	56-0554230		5,413.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RUTHERFORD HOSPITAL INC 288 S RIDGECREST AVE RUTHERFORDTON, NC 28139	56-0619367		6,006.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PINEHURST MEDICAL CLINIC PO BOX 63283 CHARLOTTE, NC 28263	56-0942980		5,916.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PIEDMONT GASTROENTROLOGY ASSO SPECIALISTS - 1905 S HAWTHORNE RD, STE 310 - WINSTON SALEM, NC 27103	56-0992192		6,600.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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BOICE WILLIS CLINIC P O BOX 7200 ROCKY MOUNT, NC 27804	56-1025986		10,063.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROLINA BONE & JOINT PO BOX 5001 MONROE, NC 28111	56-1216335		16,315.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DIGESTIVE HEALTH SPECIALISTS 2025 FRONTIS PLAZA BLVD. WINSTON SALEM, NC 27103	56-1242980		10,277.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SALEM GASTROENTEROLOGY 1830 S HAWTHORNE RD WINSTON SALEM, NC 27103	56-1251665		8,325.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROLINA ONCOLOGY ASSOCIATES 825 W HENDERSON ST SALISBURY, NC 28144	56-1279668		6,458.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROLINAS MEDICAL CTR PO BOX 60671 CHARLOTTE, NC 28260	56-1398929		6,970.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ASHEVILLE ARTHRITIS CENTER, PA 445 BILTMORE CENTER # 306 ASHEVILLE, NC 28801	56-1426545		6,627.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROMONT MEDICAL GRP/ARTHRITIS & OSTEOPOROSIS CTR - PO BOX 550970 - GASTONIA, NC 28055	56-1479712		49,649.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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REX HEMATOLOGY & ONCOLOGY ASSOC. 4420 LAKE BOONE TRAIL RALEIGH, NC 27607	56-1509260		27,933.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
EASTERN NEPHROLOGY ASSOC 511 PALADIN DR GREENVILLE, NC 27834	56-1634662		8,146.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROLINAS CANCER ASSOCIATES PO BOX 601058 CHARLOTTE, NC 28260	56-1667838		8,250.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CARE OF WNC, PA PO BOX 536860 ATLANTA, GA 30353	56-1693667		20,312.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHEASTERN MEDICAL ONCOLOGY CTR 203 COX BLVD GOLDSBORO, NC 27534	56-1711669		108,730.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROLINA ARTHRITIS ASSOC 1710 S 17TH ST WILMINGTON, NC 28401	56-1745946		51,343.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RICHARD W EVANS, MD 840 FLEMING ST # 3 HENDERSONVILLE, NC 28791	56-1784252		11,992.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BIOLOGIC INC 120 WESTON OAKS CT CARY, NC 27513	56-1861614		10,124.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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GASTON HEMATOLOGY & ONCOLOGY 2610 ABERDEEN BLVD GASTONIA, NC 28054	56-1875764		37,817.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEPHROLOGY ASSOCIATES OF THE CAROLINAS - 1019 N LAFAYETTE ST #1 - SHELBY, NC 28150	56-1884447		9,280.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PINEHURST RHEUMATOLOGY 681 S BENNETT ST SOUTHERN PINES, NC 28387	56-1912684		17,422.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CORNERSTONE HEALTH CARE 607 IDOL ST HIGH POINT, NC 27262	56-1935767		5,689.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RALEIGH HEMATOLOGY ONCOLOGY PO BOX 60630 CHARLOTTE, NC 28260	56-1938316		72,321.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ASHEVILLE HEMATOLOGY & ONCOLOGY PO BOX 60060 CHARLOTTE, NC 28260	56-1963333		16,077.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PIEDMONT HEALTHCARE SPEC 766 HARTNESS RD STATESVILLE, NC 28677	56-1965983		5,554.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PHYSICIANS EAST PO BOX 30620 GREENVILLE, NC 27833	56-1968491		23,814.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COASTAL CAROLINA HEALTHCARE PO BOX 12248 NEW BERN, NC 28561	56-2054060		34,985.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SANFORD SPECIALITY CLINIC PO BOX 24427 WINSTON SALEM, NC 27114	56-2164416		15,071.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY SPECIALISTS OF CHARLOTTE 2711 RANDOLPH RD #100 CHARLOTTE, NC 28207	56-2179043		6,807.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS & OSTEOPOROSIS CENTER 1918 RANDOLPH RD #600 CHARLOTTE, NC 28207	56-2202409		84,251.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GRACE HEMATOLOGY AND ONCOLOGY PO BOX 38 FLETCHER, NC 28732	56-2227967		12,356.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROLINA ARTHRITIS CTR 2355 HEMBY LANE GREENVILLE, NC 27834	56-2257862		53,949.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MECKLENBURG MEDICAL GROUP PO BOX 60063 CHARLOTTE, NC 28260	56-2274416		5,328.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RENAL CENTER OF TYLER 1626 COLE BLVD #100 LAKEWOOD, CO 80401	56-2334305		6,410.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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COASTAL ONCOLOGY 325 CLYDE MORRIS BLVD #450 ORMOND BEACH, FL 32174	56-2347830		7,814.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TEXAS ARTHRITIS & RHEMATOLOGY PO BOX 8325 TYLER, TX 75711	56-2579363		11,469.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS ASSOCIATES PA 4511 HORIZON HILL BLVD #150 SAN ANTONIO, TX 78229	56-2613565		9,699.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ANGEL MEDICAL CTR PO BOX 1209 FRANKLIN, NC 28744	56-6000064		8,500.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SELF REGIONAL HEALTHCARE CANCER CTR - 1325 SPRING ST - GREENWOOD, SC 29646	57-0331865		6,393.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CAROLINA MEDICAL AFFILIATES PO BOX 2288 SPARTANBURG, SC 29304	57-0563123		30,253.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PIEDMONT ARTHRITIS CLINIC 3 ST FRANCIS DR # 400 GREENVILLE, SC 29601	57-0702625		72,926.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ASSOCIATED MEDICAL SPECIALISTS PA 8121 ROURK ST MYRTLE BEACH, SC 29572	57-0777346		71,729.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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SOUTH CAROLINA ONCOLOGY ASSOCIATES 166 STONERIDGE DR COLUMBIA, SC 29210	57-0787600		106,220.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS CONSULTANTS PA 3 RICHLAND MED PARK # 240 COLUMBIA, SC 29203	57-0876410		5,471.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DIGESTIVE DISEASE GROUP 103 LINEAR DR GREENWOOD, SC 29646	57-0890141		7,773.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY ASSOC 14 E FARMFIELD AVE CHARLESTON, SC 29407	57-0903726		19,503.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
INTERNAL MEDICINE OF GREENVILLE 105 DOCTORS DRIVE GREENVILLE, SC 29605	57-1004971		6,205.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY ASSOCIATES PO BOX 60626 CHARLOTTE, NC 28260	57-1018487		19,671.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS AND OSTEOPOROSIS CTR 1768 VILLAGE PARK DR ORANGEBURG, SC 29118	57-1044974		24,141.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PALMETTO HEMATOLOGY & ONCOLOGY 380 SERPENTINE DR # 200 SPARTANBURG, SC 29303	57-1050553		43,618.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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CHARLESTON CANCER CTR 2910 TRICOM ST CHARLESTON, SC 29406	57-1071425		11,800.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PALMETTO INFUSION SERVICES 39509 TREASURY CENTER CHICAGO, IL 60694	57-1085343		97,128.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LOW COUNTRY RHEUMATOLOGY 2860 TRICOM ST CHARLESTON, SC 29406	57-1099718		16,335.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WOODWARD MEDICAL CENTER PA PO BOX 9078 GREENVILLE, SC 29608	57-1109404		9,690.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LOW COUNTRY HEMATOLOGY ONCOLOGY 900 BOWMAN RD # 103 MOUNT PLEASANT, SC 29464	57-1120005		34,290.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GREENWOOD REG RHEUMATOLOGY CTR 917 BY-PASS 225 SOUTH GREENWOOD, SC 29646	57-1122060		8,454.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PALM BEACH CANCER INST PO BOX 863310 ORLANDO, FL 32886	57-1139372		38,829.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANDLER HOSPITAL PO BOX 930151 ATLANTA, GA 31193	58-0593388		5,045.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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NORTHEAST GA DIAGNOSTIC CLINIC 1240 JESSE JEWELL PKWY # 500 GAINESVILLE, GA 30501	58-0656907		42,059.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DIALYSIS FACILITIES 220 UVALDA ST WAYCROSS, GA 31501	58-1370241		15,147.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AUGUSTA ONCOLOGY 3696 WHEELER RD AUGUSTA, GA 30909	58-1481590		55,216.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GARY R BOTSTEIN MD 2712 N DECATUR RD DECATUR, GA 30033	58-1490719		5,992.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTH ATLANTA HEMATOLOGY ONCOLOGY 34 SE UPPER RIVERDALE RD # 200 RIVERDALE, GA 30274	58-1715376		30,371.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NW GEORGIA HEMATOLOGY & ONCOLOGY 1504 N THORNTON AVE #102 DALTON, GA 30720	58-1793611		27,681.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
VALDOSTA FAMILY MEDICINE 2412 N OAK ST VALDOSTA, GA 31602	58-1844895		6,963.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTHWEST GA ONCOLOGY CENTERS 1700 HOSPITAL S DR # 300 AUSTELL, GA 30106	58-1923818		52,046.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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PIEDMONT PHYSICIANS GROUP PO BOX 102321 ATLANTA, GA 30368	58-2092768		5,171.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THE LONG STREET CLINIC PO DRAWER 658 GAINESVILLE, GA 30503	58-2117020		8,996.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GEORGIA CANCER SPECIALISTS 1100 JOHNSON FERRY RD #600 ATLANTA, GA 30342	58-2181189		434,150.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SPALDING ONCOLOGY 230 D WEST COLLEGE ST GRIFFIN, GA 30224	58-2295975		18,632.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
S GA ONCOLOGY HEMATOLOGY CTR 1100 OCILLA HWY DOUGLAS, GA 31533	58-2328459		14,298.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
UPSTATE OSTEOPOROSIS AND ARTHRITIS, PA - 200 PATEWOOD DR # A 160 - GREENVILLE, SC 29615	58-2329400		18,972.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JB LINKER III, MD 330 HAWTHORNE LN ATHENS, GA 30606	58-2402951		5,495.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HORIZON HEMATOLOGY ONCOLOGY 1455 E MAIN ST # 103 SPARTANBURG, SC 29307	58-2423840		16,553.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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CENTRAL GEORGIA CANCER CARE PC 1062 FORSYTH ST #1B MACON, GA 31201	58-2537874		88,545.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS AND OSTEOPOROSIS CENTER PO BOX 807 TIFTON, GA 31793	58-6001719		7,957.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MARTIN MEMORIAL CANCER CENTER INFUSION SUITE - 501 E OSCEOLA ST 3RD FL, # 302 - STUART, FL 34994	59-0637874		8,420.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MELBOURNE INTERNAL MED ASSOC 200 E SHERIDAN RD # D MELBOURNE, FL 32901	59-1224281		6,716.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SUNCOAST INTERNAL MEDICINE 13644 WALSINGHAM RD LARGO, FL 33774	59-1273247		65,436.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CLARK & DAUGHTREY MEDICAL GROUP PA PO BOX 917394 ORLANDO, FL 32891	59-1273583		10,097.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GESSLER CLINIC 635 FIRST ST N WINTER HAVEN, FL 33881	59-1407610		7,447.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RETINA VITREOUS ASSOC OF FL 2705 W SAINT ISABEL ST TAMPA, FL 33607	59-1501675		5,703.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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HEMATOLOGY & ONCOLOGY CONSULTANTS 2111 W SWANN AVE #102 TAMPA, FL 33606	59-1674575		15,681.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BORLAND GROOVER CLINIC 4800 BELFORT RD JACKSONVILLE, FL 32256	59-1784470		36,113.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BOND CLINIC PA 500 E CENTRAL AVE WINTER HAVEN, FL 33880	59-1867898		14,452.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY ASSOCIATES BAPTIST TOWER - 1717 NE ST #231 - PENSACOLA, FL 32501	59-1967914		18,384.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MID-FL HEMATOLOGY ONCOLOGY PA 1061 MEDICAL CENTER DR # 110 ORANGE CITY, FL 32763	59-2021436		16,814.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RETINA CONSULTANTS OF SW FL PO BOX 60559 FORT MYERS, FL 33906	59-2086792		8,703.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY & ONCOLOGY CONSULTANTS 2501 N ORANGE AVE #381 ORLANDO, FL 32804	59-2109057		5,944.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GAINESVILLE HEMATOLOGY ONCOLOGY ASSOCIATES PA - 1147 NW 64TH TERR - GAINESVILLE, FL 32605	59-2128346		15,036.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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PASCO HERNANDO ONCOLOGY ASSOCIATES, PA - PO BOX 919022 - ORLANDO, FL 32891	59-2155792		7,236.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FLORIDA HEMATOLOGY & ONC SPEC PA PO BOX 863374 ORLANDO, FL 32886	59-2193845		8,422.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WEST FLMEDICAL CENTER CLINIC PO BOX 11407 LOCK BOX 1328 BIRMINGHAM, AL 35246	59-2193856		39,860.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
V UPENDER RAO MD PA 521 N LECANTO HWY LECANTO, FL 34461	59-2321218		11,686.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RETINA ASSOCIATES OF FL 602 S MACDILL AVE TAMPA, FL 33609	59-2695288		5,055.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHEAST INTEGRATED MEDICAL PA 4881 NW 8TH AVE #2 GAINESVILLE, FL 32605	59-2819741		8,776.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FLORIDA INFUSION SVCS 4190 CORPORATE CT PALM HARBOR, FL 34683	59-2822698		11,408.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FLORIDA HEMATOLOGY AND ONCOLOGY PO BOX 863373 ORLANDO, FL 32886	59-2956642		9,436.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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SYED MAHMOOD, MD 2614 JENKS AVE PANAMA CITY, FL 32405	59-2980557		20,300.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
REGIONAL CONSULTANTS IN HEMATOLOGY AND ONCOLOGY, INC - PO BOX 116954 - ATLANTA, GA 30368	59-3134935		8,795.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FLORIDA HOSPITAL WATERMAN PO BOX 862307 ORLANDO, FL 32886	59-3140669		6,494.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FLORIDA MEDICAL CLINIC 38135 MARKET SQ ZEPHYRHILLS, FL 33542	59-3156212		9,119.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CITRUS HEMATOLOGY & ONCOLOGY 770 SE 5TH TER CRYSTAL RIVER, FL 34429	59-3208438		36,667.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GULF COAST ONCOLOGY 1201 5TH AVE N #505 SAINT PETERSBURG, FL 33705	59-3268605		6,134.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BERT FISH MEDICAL CENTER P O BOX 277422 ATLANTA, GA 30384	59-3306983		7,500.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS & RHEUMATISM ASSOC 612 DRUID RD E CLEARWATER, FL 33756	59-3337044		57,042.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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Employer identification number

20-1184743

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SPACE COAST CANCER CENTERS 490 N WASHINGTON AVE TITUSVILLE, FL 32796	59-3369134		10,427.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KARAMALI A BANDEALY MD 814 N JOHN YOUNG PKWY KISSIMMEE, FL 34741	59-3370576		15,270.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GULF COAST ONCOLOGY 1201 5TH AVE N #505 SAINT PETERSBURG, FL 33705	59-3379136		36,817.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ORLANDO ARTHRITIS INSTITUTE 1111 S ORANGE AVE 3RD FL ORLANDO, FL 32806	59-3470767		52,445.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RAFAEL L ROCHA MD PA 640 N TYRONE BLVD SAINT PETERSBURG, FL 33710	59-3523105		7,582.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ANTHONY SEBBA MD 36338 US HWY 19 N PALM HARBOR, FL 34684	59-3548577		11,388.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FLORIDA INSTITUTE OF RESEARCH PO BOX 863265 ORLANDO, FL 32886	59-3649134		47,389.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DAVID DRESNER, MD PA 1099 5TH AVE N #120 SAINT PETERSBURG, FL 33705	59-3695009		18,260.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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CONSULTANTS IN BLOOD DISORDERS AND CANCER - 4003 KRESGE WAY # 500 - LOUISVILLE, KY 40207	61-0934261		25,835.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COLORECTAL SURGICAL ASSOC 2620 WILHITE DR LEXINGTON, KY 40503	61-1171052		12,291.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY ASSOCIATES 3430 NEWBURG RD #250 LOUISVILLE, KY 40218	61-1183441		47,696.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEW LEXINGTON CLINIC PO BOX 11790 LEXINGTON, KY 40578	61-1262927		7,029.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COMMONWEALTH CANCER CENTER 110 DIAGNOSTIC DR SUITE B FRANKFORT, KY 40601	61-1277847		33,170.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KENTUCKY CTR FOR BETTER BONES & JOINTS - 100 E LIBERTY ST # 202 - LOUISVILLE, KY 40202	61-1357515		34,885.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY CONSULTANTS CHARTERED P.O. BOX 412194 KANSAS CITY, MO 64141	61-1452962		6,830.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GAJERA AND PATEL 1717 HIGH ST STE 1A HOPKINSVILLE, KY 42240	61-1459460		6,624.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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UNIVERSITY OF KY HOSPITAL LOCK BOX 951326 CLEVELAND, OH 44193	61-6001218		8,434.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPT AT 40379 - ATLANTA, GA 31192	62-0476822		6,967.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DIALYSIS CLINIC INC 8713 PARKWAY EAST BIRMINGHAM, AL 35206	62-0850498		111,879.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RETINA VITREOUS ASSOCIATES 345 23RD AVE N #350 NASHVILLE, TN 37203	62-1042760		5,517.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY CONSULTANTS 4707 PAPERMILL DR # 200 KNOXVILLE, TN 37909	62-1064119		16,331.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHEASTERN RETINA ASSOCIATES 979 E 3RD ST # C235 CHATTANOOGA, TN 37421	62-1094813		36,715.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RMC BAYONET POINT PO BOX 402817 ATLANTA, GA 30384	62-1113740		7,836.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ASSOCIATES IN ONCOLOGY & HEMATOLOGY - 2205 MCCALLIE AVE #502 - CHATTANOOGA, TN 37404	62-1162046		6,045.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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EAST TN HEMATOLOGY/ONCOLOGY ASSOC PC - PO BOX 3770 - JOHNSON CITY, TN 37602	62-1326721		12,772.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GALEN MEDICAL PO BOX 1030 CHATTANOOGA, TN 37401	62-1508884		5,489.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS ASSOCIATES 3 SHERIDAN SQUARE KINGSPORT, TN 37660	62-1523356		8,755.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WEST CLINIC PO BOX 240728 MEMPHIS, TN 38124	62-1526296		15,356.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MICHAEL W GOODMAN MD PC 979 E THIRD ST # C0630 CHATTANOOGA, TN 37403	62-1553135		11,315.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KINGSPORT HEMATOLOGY ONCOLOGY 111 W STONE DR # 300 KINGSPORT, TN 37660	62-1567353		26,261.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WELLMONT HEALTH SYSTEM PO BOX 1089 BRISTOL, TN 37621	62-1636465		7,324.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TENNESSEE ONCOLOGY 4230 HARDING RD # 707 E PLAZA NASHVILLE, TN 37205	62-1647259		131,592.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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FAMILY CANCER CENTER 6005 PARK AVE # 1000 B MEMPHIS, TN 38101	62-1714907		26,970.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THE JONES CLINIC PO BOX 1000 DEPT 552 MEMPHIS, TN 38148	62-1717770		25,921.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LEWIS-GALE MEDICAL CENTER PO BOX 402830 ATLANTA, GA 30384	62-1760148		6,851.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NASHVILLE ONCOLOGY ASSOC. 2011 CHURCH ST #701 PLAZA 1 NASHVILLE, TN 37203	62-1762036		14,527.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FLOWERS HOSP PO BOX 404782 ATLANTA, GA 30384	62-1762412		5,526.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JACKSON-MADISON COUNTY GENERAL HOSPITAL - PO BOX 3855 - JACKSON, TN 38303	62-6010402		5,111.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
UNIVERSITY OF ALABAMA HEALTH SERVICES FOUNDATION - PO BOX 55309 - BIRMINGHAM, AL 35255	63-0649108		16,433.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEPHROLOGY ASSOC OF MOBILE PA PO BOX 850849 MOBILE, AL 36685	63-0790569		7,989.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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CLEARVIEW CANCER INSTITUTE 3601 CCI DR HUNTSVILLE, AL 35805	63-0897317		58,862.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY ASSOCIATES OF N AL 201 SIVLEY RD SE #600 HUNTSVILLE, AL 35801	63-0907980		18,715.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DOTHAN MEDICAL ASSOCIATES, PA 1118 ROSS CLARK CIR #100B DOTHAN, AL 36301	63-0991466		7,044.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY ASSOCIATES 4300 W MAIN ST # 102 DOTHAN, AL 36305	63-1084185		7,810.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHEAST CANCER NETWORK PO BOX 2092 BIRMINGHAM, AL 35202	63-1171068		22,945.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HATTIESBURG CLINIC, P.A. PO BOX 2467 JACKSON, MS 39225	64-0507572		19,225.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTH MISSISSIPPI MEDICAL CENTER PO BOX 2240 TUPELO, MS 38803	64-0662976		25,354.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTH MS MEDICAL CLINICS 450 E PRESIDENT ST TUPELO, MS 38801	64-0787918		10,447.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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NATCHEZ ONCOLOGY CLINIC INC 150 JEFFERSON DAVES BLVD # 120 NATCHEZ, MS 39120	64-0927522		12,464.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DELTA ONCOLOGY 333 HWY 82 WEST GREENWOOD, MS 38930	64-0932526		27,143.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY ASSOC. 4685 S CONGRESS AVE #200 LAKE WORTH, FL 33461	65-0539792		14,811.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTH FL ONCOLOGY HEMATOLOGY CONSULTANTS - 260 SW 84TH AVE # C - PLANTATION, FL 33324	65-0577436		6,804.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MEDICAL SPECIALISTS OF THE PALM BEACHES - 5700 LAKE WORTH RD # 204 - LAKE WORTH, FL 33463	65-0580501		5,300.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BOCA RATON COMMUNITY HOSP 1001 NW 13TH ST #201 BOCA RATON, FL 33486	65-0600383		13,889.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WEST BROWARD RHEUMATOLOGY ASSOC 7431 N UNIVERSITY DR # 300 TAMANAC, FL 33321	65-0615014		6,516.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
METROPOLITAN HEALTH NETWORK DBA METCARE ONCOLOGY - 250 S AUSTRALIAN AVE # 400 - WEST PALM BEACH, FL 33401	65-0635748		11,429.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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SOUTHEAST FL HEMATOLOGY AND ONCOLOGY GROUP - 5700 N FEDERAL HWY - FORT LAUDERDALE, FL 33308	65-0676382		5,712.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY ASSOCIATES 1871 SE TIFFANY AVE # 100 FORT PIERCE, FL 34952	65-0696665		33,232.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
METROPOLITAN HEALTH NETWORK DBA METCARE ONCOLOGY - 250 S AUSTRALIAN AVE # 400 - WEST PALM BEACH, FL 33401	65-0710916		13,151.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS AND RHEUMATIC CARE CENTER - 6141 SUNSET DR #501 - SOUTH MIAMI, FL 33143	65-0757755		8,764.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FLORIDA CANCER SPECIALIST PL 4371 VERONICA S SHOEMAKER BLVD FORT MYERS, FL 33916	65-0825133		255,127.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AMIT I SHAH PA 4420 SUN LAKE BLVD SEBRING, FL 33872	65-0826332		10,201.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TREASURE COAST CANCER CARE 1700 SE HILLMOOR DR # 306 PORT SAINT LUCIE, FL 34952	65-0891840		11,913.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORMAN B GAYLIS MD PA PO BOX 630787 MIAMI, FL 33163	65-0901240		8,438.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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GALLOWAY REGIONAL EYE CENTER PO BOX 49847 GREENWOOD, SC 29649	65-1176165		6,182.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SCHMO PO BOX 79059 CITY OF INDUSTRY, CA 91716	68-0273974		11,054.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SIERRA HEMATOLOGY ONCOLOGY 6555 COYLE AVE #301 CARMICHAEL, CA 95608	68-0305843		13,599.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
IDAHO PEDIATRIC GASTROENTEROLOGY 100 E IDAHO ST #200 BOISE, ID 83712	68-0541263		5,291.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BEND MEMORIAL CLINIC PO BOX 6048 BEND, OR 97708	68-0637976		24,701.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LITTLE ROCK DIAGNOSTIC CLINIC 10001 LILE DR LITTLE ROCK, AR 72205	71-0412630		34,782.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
INTERNAL MEDICINE ASSOCIATES 300 CARSON ST JONESBORO, AR 72401	71-0479294		7,202.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARKANSAS ONCOLOGY ASSOC PO BOX 910860 DALLAS, TX 75391	71-0492053		11,498.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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HIGHLANDS ONCOLOGY GRP 3232 N NORTH HILLS BLVD FAYETTEVILLE, AR 72704	71-0788742		40,931.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FORT SMITH REGIONAL DIALYSIS 1506 DODSON AVE FORT SMITH, AR 72901	71-0804127		16,477.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RANDY D ROBERTS MD 1000 E MATTHEWS AVE # C JONESBORO, AR 72401	71-0822361		51,503.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTHEAST ARKANSAS CLINIC PO BOX 7504 JONESBORO, AR 72403	71-0833213		21,249.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
N PAUL HUDSON MD PA 2479 OAKMONT WAY EUGENE, OR 97401	71-0892985		19,402.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OCHSNER CLINIC 9001 SUMMA AVE BATON ROUGE, LA 70809	72-0276883		21,476.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FREEDMAN CLINIC OF INTERNAL MEDICINE - PO BOX 13030 - ALEXANDRIA, LA 71315	72-0399647		16,824.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS & RHEUMATOLOGY CLINIC 740 JORDAN ST SHREVEPORT, LA 71101	72-1107608		5,708.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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20-1184743

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ARTHRITIS & DIABETES CLINIC 3402 MAGNOLIA COVE MONROE, LA 71203	72-1151060		13,230.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LA ONCOLOGY 501 W ST MARY BLVD #200 LAFAYETTE, LA 70506	72-1188733		10,381.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LARRY K BROADWELL, MD 820 JORDAN ST #201 SHREVEPORT, LA 71101	72-1304829		12,939.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LADISLAS LAZAVO MD 913 S COLLEGE # 104 LAFAYETTE, LA 70503	72-1307830		13,902.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LAFAYETTE ARTHRITIS & ENDOCRINE CLINIC - PO BOX 51736 - LAFAYETTE, LA 70505	72-1427672		10,688.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ACADIANA ONCOLOGY 602 N LEWIS # 600 NEW IBERIA, LA 70563	72-1512320		8,008.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MCBRIDE CLINIC 1110 N LEE OKLAHOMA CITY, OK 73103	73-0714291		85,083.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MOHAMED FAROUK KANAA MD INC 13301 N MERIDIAN #501 OKLAHOMA CITY, OK 73120	73-1133315		5,400.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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NADIM F NIMEH 5002 W LEE BLVD LAWTON, OK 73505	73-1258311		11,737.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CARE ASSOC 6151 SOUTH YALE AVE #100 TULSA, OK 74136	73-1469927		52,433.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OKLAHOMA CTR FOR ARTHRITIS THERAPY AND RESEARCH - 1430 TERRACE DR - TULSA, OK 74104	73-1522819		117,524.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TULSA BONE AND JOINT ASSOC DEPT 172 PO BOX 2360 TULSA, OK 74101	73-1551429		16,647.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OKLAHOMA ARTHRITIS CTR 1701 S RENAISSANCE BLVD #110 EDMOND, OK 73013	73-1578116		54,646.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
IRONWOOD CANCER & RESEARCH CENTERS PO BOX 6423 CHANDLER, AZ 85246	73-1636831		89,383.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHWEST HEMATOLOGY ONCOLOGY 1 EAST CAMELBACK RD SUITE 700 PHOENIX, AZ 85012	73-1683689		65,810.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DEAN MCGEE EYE INST PO BOX 26507 OKLAHOMA CITY, OK 73126	73-6109395		5,059.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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AUSTIN DIAGNOSTIC CLINIC PO BOX 843768 DALLAS, TX 75284	74-1625143		34,476.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SADLER CLINIC P O BOX 3219 CONROE, TX 77305	74-1763675		10,332.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY ASSOC 5939 HARRY HINES BLVD #400 DALLAS, TX 75235	74-1958530		67,806.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AUSTIN REGIONAL CLINIC PO BOX 260179 DALLAS, TX 75326	74-2109824		16,680.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
VITREORETINAL CONSULTANTS 6560 FANNIN #750 HOUSTON, TX 77030	74-2109903		19,317.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RADIATION ONCOLOGY SAN ANTONIO PO BOX 1979 SAN ANTONIO, TX 78297	74-2332650		74,871.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HING S EUGENE FUNG MD 2911 HERRING AVE STE 306 WACO, TX 76708	74-2648710		5,350.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CARE NETWORK OF S TX PO BOX 911234 DALLAS, TX 75391	74-2782325		171,001.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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EL PASO INTEGRATED PHYSICIANS GROUPS - 1810 MURCHISON DR #300 - EL PASO, TX 79902	74-2838972		11,339.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THOMAS SPANN CLINIC PA PO BOX 6409 CORPUS CHRISTI, TX 78466	74-2868847		10,930.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTH TX ONCOLOGY & HEMATOLOGY PO BOX 268 SAN ANTONIO, TX 78291	74-2915297		79,437.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NOOR MERCHANT, MD 13060 US HIGHWAY # 1 SUITE A SEBASTIAN, FL 32958	74-3026893		17,641.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PACIFIC ARTHRITIS CARE CENTER 5230 PACIFIC CONCOURSE DR #100 LOS ANGELES, CA 90045	74-3040915		18,368.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MD ANDERSON CANCER CENTER 1220 HOLCOMBE BLVD #1226 HOUSTON, TX 77030	74-6001118		5,347.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CENTER ASSOCIATES PO BOX 730023 DALLAS, TX 75373	75-1312419		22,027.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DALLAS NEPHROLOGY ASSOC 1420 VICEROY DR DALLAS, TX 75266	75-1366650		8,870.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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TX DIGESTIVE DISEASE CONSULTANTS PO BOX 35629 DALLAS, TX 75235	75-2005254		7,657.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TEXAS ONCOLOGY PA PO BOX 911230 DALLAS, TX 75391	75-2131429		433,951.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TYLER HEMATOLOGY ONCOLOGY PA 721-A CLINIC DR TYLER, TX 75701	75-2288596		36,434.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CENTER FOR ONCOLOGY RESEARCH AND TREATMENT - 7777 FOREST LN # B 242 - DALLAS, TX 75230	75-2480242		5,317.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DALLAS KIDNEY SPECIALISTS 5939 HARRY HINES BLVD # 500 DALLAS, TX 75235	75-2510001		5,735.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THE CENTER CANCER AND BLOOD DISORDER - 800 W MAGNOLIA AVE - FORT WORTH, TX 76104	75-2512142		66,800.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DALLAS DIAGNOSTIC ASSN OF GARLAND PO BOX 844128 DALLAS, TX 75284	75-2536818		13,499.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
EAST TX HEMATOLOGY & ONCOLOGY CLINIC, PA - 1202 W FRANK AVE - LUFKIN, TX 75904	75-2604409		5,339.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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TRINITY CLINIC 1327 TROUP HWY TYLER, TX 75701	75-2616977		9,800.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DIGESTIVE HEALTH ASSOC OF TX 7929 BROOKRIVER DR #300 DALLAS, TX 75247	75-2625765		8,952.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MEDICAL EDGE HEALTHCARE GROUP PO BOX 650268 DALLAS, TX 75265	75-2648615		56,193.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DALLAS ONCOLOGY CONSULTANTS, PA 310 E HIGHWAY 67 DUNCANVILLE, TX 75137	75-2653455		11,583.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TEXOMA ARTHRITIS CLINIC, PA 2414 W UNIVERSITY #112 MC KINNEY, TX 75071	75-2679448		5,324.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHWEST RHEUMATOLOGY PA PO BOX 797071 DALLAS, TX 75379	75-2747951		24,835.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS AND OSTEO ASSOCIATES 5220 80TH LUBBOCK, TX 79424	75-2948739		26,298.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
USC NORRIS COMPREHENSIVE CANCER CTR - 1441 EASTLAKE AVE TOPPER TOWER RM 3440 - LOS ANGELES, CA 90033	75-3085890		5,337.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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MOUNTAIN STATE MEDICINE & RHEUMATOLOGY - 400 DIVISION ST # 10 - SOUTH CHARLESTON, WV 25309	75-3193829		9,547.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CORAM ALTERNATIVE SITE SERVICE 11660 W EXECUTIVE DR BOISE, ID 83713	76-0215922		6,193.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HOUSTON ARTHRITIS ASSOC 7515 MAIN ST # 670 HOUSTON, TX 77030	76-0353143		8,195.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KELSEY SEYBOLD CLINIC PO BOX 847929 DALLAS, TX 75284	76-0386391		42,013.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LAILA HASSAN 11914 ASTORIA # 330 HOUSTON, TX 77089	76-0438451		7,909.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATIC DISEASE CLINIC OF HOUSTON - PO BOX 2149 - HOUSTON, TX 77252	76-0443393		15,101.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTHWEST DIAGNOSTIC CLINIC 1140 CYPRESS STATION DR HOUSTON, TX 77090	76-0530863		7,964.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY CONSULTANTS, P.A. 925 GESSNER RD STE 600 HOUSTON, TX 77024	76-0605200		57,698.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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CULLMAN ONCOLOGY PO BOX 2126 CULLMAN, AL 35055	76-0717780		6,234.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BAKERSFIELD FAMILY MED PO BOX 7002 LANCASTER, CA 93539	77-0051579		6,996.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BARRY EIBSCHUTZ MD 1551 BISHOP ST # 230 SAN LUIS OBISPO, CA 93401	77-0485060		14,790.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DANIEL WATROUS MD 5315 W HILLSDALE VISALIA, CA 93291	77-0542374		5,520.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DCI OPELOUSAS 927 E PRUDHOMME LN OPELOUSAS, TX 70570	77-0592886		8,134.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GREAT FALLS CLINIC 1400 29TH ST S GREAT FALLS, MT 59405	81-0141660		6,869.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BIG SKY ONCOLOGY 1117 29TH ST S # 500 GREAT FALLS, MT 59405	81-0439593		7,384.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
AT HOME SOLUTIONS 3626 PAYSPPHERE CIRCLE CHICAGO, IL 60674	81-0482444		11,857.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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HEMATOLOGY ONCOLOGY CTRS OF THE NORTHERN ROCKIES - PO BOX 30976 - BILLINGS, MT 59107	81-0511516		6,378.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KALISPELL MEDICAL ONCOLOGY PLLP 350 HERITAGE WAY # 1100 KALISPELL, MT 59901	81-0525628		10,354.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ST. JOSEPH REGIONAL MEDICAL CENTER 415 6TH ST LEWISTON, ID 83501	82-0204264		8,282.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KOOTENAI MEDICAL CENTER 2003 LINCOLN WAY COEUR D ALENE, ID 83814	82-0231746		11,572.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
INTERMOUNTAIN ORTHOPEDIC 600 N ROBBINS RD # 401 BOISE, ID 83702	82-0476391		14,933.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTHERN HEMATOLOGY ONCOLOGY DEPT 1483 DENVER, CO 80291	83-0346340		7,259.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KAISER FOUNDATION HEALTH PLAN OF CO. - DEPT 1603 - DENVER, CO 80271	84-0591617		153,549.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DENVER ARTHRITIS CLINIC PO BOX 201150 DENVER, CO 80220	84-0717541		53,873.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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JAMES F DAY MD 1805 KIPLING ST DENVER, CO 80215	84-0886657		13,229.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GREELEY MEDICAL CLINIC 1900 16TH ST GREELEY, CO 80631	84-0979593		41,307.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHERN CO CLINIC PO BOX 9000 PUEBLO, CO 81008	84-1074070		32,590.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY ASSOC 2121 E HARMONY RD # 150 FORT COLLINS, CO 80528	84-1089475		19,820.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
JAMES SINGLETON MD 601 E HAMPTON AVE # 430 ENGLEWOOD, CO 80113	84-1438179		33,652.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ROCKY MOUNTAIN CANCER CTRS PO BOX 911263 DALLAS, TX 75391	84-1457488		56,130.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COLORADO CENTER FOR ARTHRITIS AND OSTEOPOROSIS - 1551 PROFESSIONAL LANE # 235 - LONGMONT, CO 80501	84-1542045		6,061.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CLAIRE TARGOFF MD PO BOX 6687 SAN RAFAEL, CA 94903	84-1622410		6,757.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2009

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Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

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PRESBYTERIAN HOSPITAL DEPT 1570 DENVER, CO 80291	85-0105601		5,873.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THOMAS RAMAGE MD 313 W COUNTRY CLUB RD # 3 ROSWELL, NM 88201	85-0263301		18,876.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEW MEXICO CANCER CARE ASSOC 490 A WEST ZIA RD SANTA FE, NM 87505	85-0463005		5,698.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
INTERNISTS ONCOLOGISTS LTD 1300 N 12TH ST # 612 PHOENIX, AZ 85006	86-0216599		7,634.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PALO VERDE HEMATOLOGY AND ONCOLOGY 5601 W EUGIE AVE # 106 GLENDALE, AZ 85304	86-0416050		229,806.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DESERT ONCOLOGY PO BOX 52840 PHOENIX, AZ 85072	86-0463018		14,140.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MIDWEST INTERNAL MEDICINE 1840 MESQUITE AVE #B LAKE HAVASU CITY, AZ 86403	86-0724398		7,239.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARIZON ARTHRITIS-RHEUMATOLOGY 10599 N TATUM BLVD #F150 PARADISE VALLEY, AZ 85253	86-0765242		25,317.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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YUMA NEPHOLOGY 1220 W 24TH ST #1 YUMA, AZ 85364	86-0820509		7,540.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARIZONA CTR FOR HEMATOLOGY ONCOLOGY - 5750 W THUNDERBIRD RD #C300 - GLENDALE, AZ 85306	86-0930581		17,788.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARIZONA ONCOLOGY ASSOCIATES PO BOX 910221 DALLAS, TX 75391	86-0938204		231,780.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
VALLEY ARTHRITIS CARE 13943 N 91ST AVE # I PEORIA, AZ 85381	86-1010503		8,772.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CENTRAL UT CLINIC 1055 N 500 W # 202 PROVO, UT 84604	87-0281028		9,364.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
UTAH VALLEY PEDIATRICS 1355 N UNIVERSITY AVE #210 PROVO, UT 84604	87-0549057		8,607.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
BRIGHAM CITY ARTHRITIS 984 S MEDICAL DR STE 3 BRIGHAM CITY, UT 84302	87-0687511		8,850.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS SPECIALTY CTR 1448 E CENTER ST #E POCATELLO, ID 83201	87-0705248		43,641.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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MARIA SUSAN BUHAY MAGLUNOG MD INC 1250 S SUNSET AVE #201 WEST COVINA, CA 91790	87-0791847		6,528.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NEVADA CANCER CTR PO BOX 26237 LAS VEGAS, NV 89126	88-0133767		10,681.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS SPECIALISTS OF NORTHERN NV - 93 BELL ST - RENO, NV 89503	88-0206666		9,686.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LAS VEGAS CANCER CTR 2904 W HORIZON RIDGE PKWY #200 LAS VEGAS, NV 89052	88-0326483		9,915.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COMPREHENSIVE CANCER CENTERS OF NV PO BOX 911265 DALLAS, TX 75391	88-0350180		29,184.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
FAYLONA GOLLARD KAUSHAL NYAMUSWA AND PARK LTD - 58 N PECOS RD - HENDERSON, NV 89074	88-0370553		6,339.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THC OF NEVADA 5321 S CAMERON LAS VEGAS, NV 89118	88-0385705		42,602.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS MEDICAL CLINIC 5980 S RAINBOW # 100 LAS VEGAS, NV 89118	88-0392853		19,457.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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OSTEOPOROSIS & ARTHRITIS CENTER 10001 S EASTERN AVE #306 HENDERSON, NV 89052	88-0418235		26,568.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GROUP HEALTH COOPERATIVE P.O.BOX 34584 SEATTLE, WA 98124	91-0511770		8,780.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PROVIDENCE CENTRALIA HOSPITAL P O BOX 84646 SEATTLE, WA 98124	91-0573108		7,325.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
THE VANCOUVER CLINIC PO BOX 873010 VANCOUVER, WA 98687	91-0851599		16,683.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DIGESTIVE HEALTH SPECIALIST PO BOX 1241 TACOMA, WA 98401	91-0880426		39,765.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CANCER CENTER NW PO BOX 3868 SPOKANE, WA 99220	91-1007627		14,165.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
OLYMPIA ARTHRITIS CLINIC 1212 HARRISON AVE NW OLYMPIA, WA 98502	91-1160442		8,829.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ROCKWOOD CANCER TREATMENT 910 W 5TH AVE #700 SPOKANE, WA 99204	91-1352993		5,283.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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WESTERN WA MEDICAL GRP 1330 ROCKEFELLER AVE # 330 EVERETT, WA 98201	91-1602128		6,779.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTHWEST MEDICAL SPECIALTIES 1624 S I ST #305 TACOMA, WA 98405	91-1867315		12,000.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TEXAS RENAL VENTURES 1626 COLE BLVD #100 LAKEWOOD, CO 80401	91-2024893		8,593.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
COLUMBIA RHEUMATOLOGY 512 N YOUNG ST #C KENNEWICK, WA 99336	91-2066291		29,167.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
CARL BRODIE 14100 SE 36TH ST #105 BELLEVUE, WA 98006	91-2181981		6,881.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SOUTHWEST WA MEDICAL CENTER PO BOX 1588 VANCOUVER, WA 98668	91-6068143		18,493.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LEGACY EMANUEL CHILDREN'S HOSPITAL 2801 N GANTENBEIN AVE PORTLAND, OR 97227	93-0386823		7,183.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PROVIDENCE ARTHRITIS CENTER 5050 NE HOYT ST # 155 PORTLAND, OR 97213	93-0386906		10,108.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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NORTH BEND MEDICAL CTR 1900 WOODLAND DR COOS BAY, OR 97420	93-0635514		6,862.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY ASSOC OF OR P.O.BOX 79045 CITY OF INDUSTRY, CA 91716	93-0746296		5,923.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY/ONCOLOGY OF SALEM, LLP 875 OAK ST SE #4030 SALEM, OR 97301	93-1273254		7,187.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
NORTHWEST CANCER SPECIALISTS PO BOX 79308 CITY OF INDUSTRY, CA 91716	93-1280206		30,209.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
KAISER FOUNDATION HEALTH PLAN INC FILE 50295 LOS ANGELES, CA 90074	94-1340523		6,096.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCONOLOGY MEDICAL GRP OF FRESNO - 7130 N MILLBROOK AVE # 100 - FRESNO, CA 93720	94-2356945		9,829.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS CARE CENTER PO BOX 1441 SAN MATEO, CA 94401	94-2444002		8,243.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
IV THERAPY IHC PO BOX 30180 SALT LAKE CITY, UT 84130	94-2854057		32,465.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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SAFEWAY INC 20227 N 27TH AVE PHOENIX, AZ 85027	94-3019135		5,217.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PACIFIC RHEUMATOLOGY ASSOC 2100 WEBSTER ST #112 SAN FRANCISCO, CA 94115	94-3166656		23,019.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
MICHAEL P STEVENS MD 101 SAN MATEO DR # 307 SAN MATEO, CA 94401	94-3205437		10,630.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
EAST BAY MEDICAL ONC-HEMA 4721 DALLAS RANCH RD ANTIOCH, CA 94531	94-3306655		13,062.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GASTROENTEROLOGY CLINIC OF ACADIANA - 201 ST PATRICK ST #102 - LAFAYETTE, LA 70506	94-3422618		6,302.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
SANTA BARBARA COTTAGE HOSP FILE 53309 LOS ANGELES, CA 90074	95-1644629		7,200.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
HEMATOLOGY ONCOLOGY MEDICAL GROUP 1010 W LA VETA AVE STE 200 ORANGE, CA 92868	95-2665069		29,224.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
WILSHIRE ONCOLOGY MEDICAL GRP 1502 ARROW HWY LA VERNE, CA 91750	95-2754041		50,037.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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NORTH COUNTY ONCOLOGY MED CLINIC 3617 VISTA WAY OCEANSIDE, CA 92056	95-3083886		40,031.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
RHEUMATOLOGY SERVICES 3737 SAN DIMAS ST # 101 BAKERSFIELD, CA 93301	95-3159908		15,615.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LOS ALAMITOS HEMATOLOGY ONCOLOGY 3801 KATELLA AVE #207 LOS ALAMITOS, CA 90720	95-3184731		14,913.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
VALLEY TUMOR MED GRP 44105 15TH ST W #207 LANCASTER, CA 93534	95-3275524		19,566.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PACIFIC COAST HEMATOLOGY ONCOLOGY MED GRP - 9940 TALBERT AVE # 100 - FOUNTAIN VALLEY, CA 92708	95-3431486		5,874.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
GIANGRECO MED GROUP INC 1951 W 25TH ST # F YUMA, AZ 85364	95-3533875		5,732.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
XAVIER J CARO MD 18350 ROSCOE BLVD #418 NORTHRIDGE, CA 91325	95-3563324		23,772.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ARTHRITIS CONSULTANTS OF N COUNTY 2023 W VISTA WAY #H VISTA, CA 92083	95-3646414		5,038.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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EAST VALLEY HEMATOLOGY/ONCOLOGY 2601 W ALAMEDA AVE #210 BURBANK, CA 91505	95-3738680		14,025.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
DESERT MEDICAL GRP 275 N EL CIELO RD PALM SPRINGS, CA 92262	95-3898275		6,998.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
ONCOLOGY CARE 101 E BEVERLY BLVD # 200 MONTEBELLO, CA 90640	95-3929841		56,712.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
LOS ANGELES HEMATOLOGY & ONCOLOGY MED GROUP - 1245 WILSHIRE BLVD #303 - LOS ANGELES, CA 90017	95-4332724		5,645.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
TOWER HEMATOLOGY ONCOLOGY 9090 WILSHIRE BLVD # 200 BEVERLY HILLS, CA 90211	95-4363145		7,156.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
UNIVERSITY OF CA LA DEPT OF MEDICINE PROFESSIONAL - FILE #55737 - LOS ANGELES, CA 90074	95-4373071		10,206.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED
PLAZA HOME CARE PHARMACY 50 ALESSANDRO #A50 PASADENA, CA 91105	95-4611708		6,500.	0.			CO-PAYMENT ASSISTANCE FOR MEDICATIONS FOR UNDERINSURED PATIENTS IN NEED

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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

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Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
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<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JULIE E. REYNES	(i)	179,150.	0.	0.	6,240.	5,759.	191,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MEDICATIONS RELATED TO 21 ONCOLOGY AND CHRONIC CONDITIONS INCLUDING
BREAST CANCER, LUNG CANCER, PANCREATIC CANCER, MULTIPLE SCLEROSIS,
CYSTIC FIBROSIS, KIDNEY TRANSPLANTS AND MANY MORE.

PAN PROVIDES \$1,500 TO \$8,500 PER YEAR TO PAY FOR THE EXPENSIVE
MEDICATIONS OUR PATIENTS NEED. THE ORGANIZATION HAS SUPPORTED MORE
THAN 72,000 PATIENTS SINCE INCEPTION, WITH COMMITMENTS TO EACH PATIENT
FOR AT LEAST ONE YEAR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

APPROVED 8,171 PATIENTS WITH OTHER DISEASES AND PROVIDED FINANCIAL
ASSISTANCE TO HELP PAY FOR MEDICATIONS.

EXPENSES \$ 17342661. INCLUDING GRANTS OF \$ 11438915. REVENUE \$ 0.

APPROVED 2,014 BREAST CANCER PATIENTS AND PROVIDED FINANCIAL ASSISTANCE
TO HELP PAY FOR MEDICATIONS.

EXPENSES \$ 4639805. INCLUDING GRANTS OF \$ 4639805. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 2009 FORM 990 WAS
MAILED TO ALL DIRECTORS FOR THEIR REVIEW. THEIR COMMENTS WERE THEN
INCORPORATED INTO THE FORM. THE PAN PRESIDENT THEN SIGNED AND SUBMITTED
THE FORM.

FORM 990, PART VI, SECTION B, LINE 12C: UPON JOINING THE PAN BOARD OF
DIRECTORS, OR ANNUALLY, THE BOARD MEMBERS REVIEW THE CONFLICT OF INTEREST
POLICY AND FILL OUT AND SIGN A FORM WHICH REQUIRES THAT THEY DISCLOSE ANY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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CONFLICTS OF INTEREST. IF ANY CONFLICTS ARE NOTED ON THE FORM, MORE
INFORMATION WILL BE GATHERED AND IF NECESSARY, A DETAILED FOLLOW UP AND
RESOLUTION WILL OCCUR.

FORM 990, PART VI, SECTION B, LINE 15: THE GOVERNING, NOMINATING AND
COMPENSATION (GNC) COMMITTEE OF THE BOARD GATHERED COMPENSATION DATA FOR
PRESIDENTS OF CO-PAYMENT ASSISTANCE ORGANIZATIONS AND NONPROFITS. THE GNC
COMMITTEE CHAIR THEN PRESENTED THIS INFORMATION ALONG WITH THE PAN
PRESIDENT'S PERFORMANCE EVALUATION RATING AND COMMENTS TO THE WHOLE BOARD
IN EXECUTIVE SESSION. THE RESULTING COMPENSATION INCREASE WAS THEN
DOCUMENTED ON THE PRESIDENT'S PERFORMANCE EVALUATION AND REFLECTED ON THE
ORGANIZATION'S MINUTES. A SUBSEQUENT DISCUSSION WAS THEN HELD BETWEEN THE
BOARD CHAIR AND THE PRESIDENT TO REVIEW THE PERFORMANCE FROM 2009 AND THE
SALARY INCREASE FOR 2010.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
DC, AL, AK, AR, CA, CO, CT, FL, IL, KS, KY, ME, MD, MI, MA, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK
OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, HI, AZ, MO

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS, LIST OF
BOARD MEMBERS AND THE ANNUAL REPORT ARE POSTED ON THE ORGANIZATION WEBSITE.

FORM 990, PART XI, LINE 2C

AUDIT COMMITTEE

THE AUDIT AND FINANCE COMMITTEE'S PURPOSE IS TO ASSIST THE BOARD IN ITS
OVERSIGHT OF THE FOUNDATION'S FINANCIAL AFFAIRS, INCLUDING THE AUDIT

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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PROCESS. IT IS THE COMMITTEE'S RESPONSIBILITY TO SELECT AND DISCHARGE
INDEPENDENT AUDITORS AND SUPERVISE AND EVALUATE THE PERFORMANCE OF THE
AUDITORS.

PAGE 6, SECTION C, DISCLOSURE

BOOKS & RECORDS

THE ORGANIZATION'S BOOKS ARE LOCATED IN CHARLOTTE, NORTH CAROLINA IN
CARE OF DENISE BADGETT AT LASH GROUP, INC, 3735 GLEN LAKE DRIVE,
CHARLOTTE, NC 28208, 704-357-3071.

THE RECORDS ARE LOCATED AS STATED ON PAGE 6, SECTION C.

FORM 990, PAGE 11, PART C, LINE 2

SAVINGS AND TEMPORARY CASH INVESTMENTS

FUND BALANCES ARE REFLECTIVE OF PAN'S COMMITMENT TO CONTINUITY OF CARE
FOR OUR PATIENTS FOR AT LEAST ONE YEAR. OF THE BALANCE, \$80,906,802,
OVER \$50 MILLION IS COMMITTED TO PATIENTS. THE REMAINDER WAS DONATED
AT THE END OF THE CALENDAR YEAR AND HAS NOT YET BEEN ALLOCATED. IN
ADDITION, PAN EMPLOYS AN ACTUARIAL FIRM TO MODEL PAST AND PREDICTED
SPENDING BY DISEASE FUND SO THAT WE CAN MAKE MONTHLY ADJUSTMENTS TO THE
AMOUNTS ALLOCATED FOR FUTURE PATIENT USE. THIS ALLOWS PAN TO MAXIMIZE
FUNDS THAT MIGHT OTHERWISE HAVE BEEN HELD FOR EXISTING PATIENTS.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization PATIENT ACCESS NETWORK FOUNDATION	Employer identification number 20-1184743
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 900 19TH STREET NW, NO. 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20006	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

JULIE REYNES

- The books are in the care of ▶ **900 19TH STREET NW - WASHINGTON, DC 20006**
 Telephone No. ▶ **202-384-1471** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2009** or
 ▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.